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CONFIRMATION NO. 5461

<b>SERIAL NUMBER</b> 10/803,521	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 05062071
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## APPLICANTS

Daniel P. Wermeling, Lexington, KY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/418,260 04/15/2003 ABN which is a CON of 09/790,199 02/20/2001 PAT 6,610,271

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/02/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

## ADDRESS

26565

## TITLE

Intranasal Benzodiazepine compositions

<b>FILING FEE RECEIVED</b> 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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